

Memorandum

Date: May 22, 2014

To: Southern Nevada District Board of Health

From: Cassius Lockett, PhD, MS, Director of Community Health
Joseph P Iser, MD, DrPH, MSc, Chief Health Officer

Subject: Division of Community Health Monthly Activity Report – April 2014

I. OFFICE OF CHRONIC DISEASE PREVENTION & HEALTH PROMOTION (OCDPHP)

- A. The Centers for Disease Control and Prevention (CDC) recently reported that the percentage of U.S. middle and high school students who used e-cigarettes more than doubled from 4.7% in 2011 to 10% in 2012. Results from the National Youth Tobacco Survey estimated 1.78 million U.S. youth had ever used e-cigarettes as of 2012. More recently, CDC also reported that the number of phone calls to U.S. poison control centers related to e-cigarette use increased on average from 1 call per month in 2010 to nearly 215 calls per month in early 2014. More than half of the calls involved children less than 5 years of age. The results of these findings prompted the Clark County School District (CCSD) to review the existing CCSD tobacco-free campus policy, reach out to SNHD Tobacco Control Program staff for technical assistance, and model e-cigarette policy language to be added to the existing policy. A vote to accept the amended language is scheduled to occur during the April 24 CCSD School Board of Trustees meeting.
- B. Staff provided a summary related to the policy, systems, and environmental change successes of the Chronic Disease Prevention and Tobacco Control programs to our Public Information Officer for development of a presentation to be delivered by Dr. Iser at an upcoming Leadership Las Vegas session.
- C. Staff and Partners for a Healthy Nevada coalition members participated in Nevada Moves Day activities at Ruby Thomas Elementary School in March. The statewide activity was designed to encourage students and parents to walk or bike to school and to learn about pedestrian safety. Over 50 CCSD schools participated in Nevada Moves Day this year. Over 300 students and parents walked or biked to Ruby Thomas Elementary School. Staff and coalition members distributed educational materials, talked to parents about pedestrian safety and the importance of physical activity, and provided positive reinforcement to students who were able to walk or bike to school.
- D. Campaigns to promote the Get Healthy website and the Walk Around Nevada and Neon to Nature programs began running in March. Campaigns will run through April and include radio,

print, and online ads. Unique visitors to the Neon to Nature web page doubled in March as a result of that campaign. As a result of the campaigns, staff was asked to participate in several earned media opportunities, including interviews on KDWN and KXNT radio as well as on Channel 4 television.

- E. Staff was asked to participate on the Nevada School Wellness Policy Task Force coordinated by the Nevada Department of Agriculture to update the current statewide school wellness policy to align with new USDA federal standards for child nutrition programs. The first meeting was in March.
- F. NACCHO released their 2013 National Profile of Local Health Departments (LHDs), which was discussed during the March 3 NACCHO Injury and Violence Prevention Workgroup telephone conference call. When looking at LHDs providing select epidemiology and surveillance services, only 27% of the over 2,500 LHDs surveyed provided injury surveillance. Among LHDs that served populations of 500,000+, 50% provided some injury prevention services. More information is available at www.nacchoprofilestudy.org.

II. OFFICE OF EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (OEMSTS)

A. April Meetings:

- Drug/Device/Protocol (DDP) Committee

The DDP Committee assists the OEMSTS, the Medical Advisory Board (MAB), and the QI Directors Committee in researching, developing, and editing new and existing protocols. Members include volunteer representatives from permitted agencies, receiving hospitals, and individuals involved in the training of EMS professionals.

The DDP Committee continued their revisions of the Emergency Medical Care Protocol Manual. The final draft of the manual was presented to the MAB for review at the May 7 meeting.

- Medical Advisory Board

The primary mission of the MAB is to support the Health Officer's role to ensure quality patient care within the EMS system by making recommendations and assisting in the ongoing design, operation, and evaluation of the EMS system from initial patient access to definitive patient care. The members include: 1) One medical director of each firefighting/franchised agency; 2) One operational director of each firefighting/franchised agency; 3) Chairman of the Regional Trauma Advisory Board; and 4) An employee of the District whose duties relate to the administration and enforcement of EMS Regulations as an ex-officio member.

The MAB heard reports from the Education Committee and DDP Committee. They also discussed the issue of mental health patients causing overcrowding in emergency departments. They plan to work on the development of a legislative agenda to support efforts to decrease the burden on area hospitals.

- **Regional Trauma Advisory Board (RTAB)**

The RTAB is an advisory board with the primary purpose of supporting the Health Officer's role to ensure a high quality system of patient care for the victims of trauma within Clark County and the surrounding areas by making recommendations and assisting in the ongoing design, operation, and evaluation of the system from initial patient access to definitive patient care.

The RTAB is working on revisions to the Clark County Trauma System Plan and a work group will convene in June to continue that effort. The RTAB is also concurrently reviewing the Trauma Performance Improvement Plan and will be making changes based on recommendations found in the recently revised American College of Surgeons – Committee on Trauma's book, *Resources for Optimal Care of the Injured Patient*. In addition, the work group will be considering revisions to the Clark County Trauma System Regulations.

At the April 16 meeting, the RTAB bylaws were reviewed and the Board approved proposed changes to adjust the terms for two of the non-standing member seats to stagger the terms of membership more equally. The Board also approved changes to the bylaws for both the Trauma System Advocacy and Trauma Rehabilitation Committees. Last, the nominations for the non-standing member seats expiring on June 30, 2014 were endorsed by the Board and those members will be appointed by the Health Officer.

- **Trauma System Advocacy Committee (TSAC)**

The TSAC assists the OEMSTS and RTAB in promoting trauma system development by advocating for sustainable financial, legislative, and public support for the trauma system serving the residents and visitors of Southern Nevada. The TSAC convened twice in April and is working to increase public awareness about the value of the trauma system. The committee is in the process of developing a brand for the Southern Nevada Trauma System. Logo designs are being created, and the slogan "Serious Injuries, Superior Care, Trauma Systems Matter!" was adopted. The campaign will be unveiled at a press conference scheduled for May 16. RTAB and TSAC members, trauma center and EMS representatives, and other community partners will participate in the event.

Obtaining a sustainable funding source for the EMS & Trauma System continues to be a priority for the committee. Fact sheets will be developed to inform policymakers about the impact of traumatic injuries in Southern Nevada. Committee members are actively exploring legislative options.

B. April EMS Statistics:

<u>CERTIFICATION ACTIVITY</u>	<u>APRIL 2014</u>	<u>APRIL 2013</u>	<u>YTD 2014</u>
Total certificates issued	42	23	671
New licenses issued	31	20	74
Renewal licenses issued (recert only)	0	0	447
Active Certifications: EMT/EMT-Basic	446	458	446
Active Certifications: AEMT/EMT-Intermediate	1267	1303	1267
Active Certifications: Paramedic/EMT-Paramedic	1139	1114	1139
Active Certifications: RN	40	39	40

III. OFFICE OF EPIDEMIOLOGY (OOE) PROGRAM REPORTS

A. Pertussis in Clark County – Update: Clark County identified one pertussis case in April; illness onset was in January. No cases with illness onset in March or April have been reported to date. This is in stark contrast to news that pertussis case counts are dramatically increasing in several Southern California communities, including San Diego, where this year’s case count is more than five times what it was to date in 2013. We initiated active surveillance on July 30, 2012 and case counts by illness onset date from 2010 to present are shown below (Figure 1). We are currently evaluating the need to continue active surveillance. The SNHD will likely continue surveillance until the counts have dropped in our neighboring state. The percentage of cases identified through active surveillance has fallen from an overall percentage of 32% from July 30, 2012 through December 2013 to an average of 13% in the past four months.

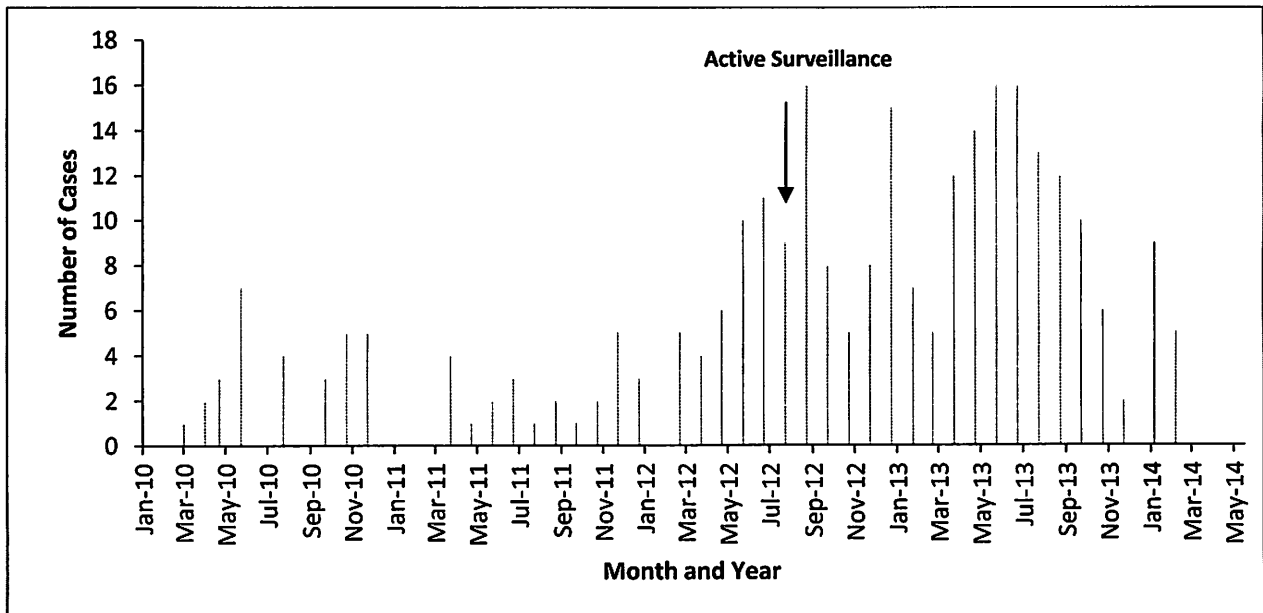


Figure 1: Onsets of Illness for Pertussis Cases by Month in Clark County, Nevada – 2010 to Date

Note: Due to the delay between pertussis symptom onset and diagnosis, most cases associated with illness onset in this month will not be identified until the following month.

B. Community Wide Norovirus Outbreak: The SNHD has continued to investigate an outbreak of acute gastroenteritis (AGE) among attendees of an Air Traffic Controllers

conference held at the Planet Hollywood Hotel and Casino from March 24 through March 27. An outbreak of AGE should be suspected when 2 or more residents or staff have onset of vomiting (often projectile) or diarrhea within 1-2 days. Specimen testing confirmed norovirus GII in two conference attendees as well as two local residents, with no association with the conference, who had dined at the facility and spent time in the casino. In addition, through the month of April, AGE outbreaks were reported in five long-term care (LTC) facilities, an elementary school, an Acelero Head Start school, a private birthday party, a hockey team who stayed at the Stratosphere Hotel and Casino, and three wedding parties. Specimens were available for testing from four of the LTCs, the private birthday party, a wedding party, and a second party associated with the same buffet as this wedding party. The majority of these specimens were positive for norovirus GII. Thus we decided to treat this as a community-wide norovirus outbreak. Efforts have been instituted to continue surveillance for additional illness outbreaks, provide education to the community, and mitigate the spread of illness in several associated facilities. This investigation is ongoing.

- C. **Pediatric Early Warning Surveillance System (PEWSS):** PEWSS is a year-round surveillance system developed by the SNHD to identify 16 respiratory pathogens circulating in the community. Each week, several sentinel healthcare providers submit nasal swabs collected from ill children to the Southern Nevada Public Health Laboratory (SNPHL) for testing for the following respiratory pathogens: Adenovirus, Human metapneumovirus, four Human parainfluenza viruses (1, 2, 3, 4), Influenza A, Influenza B, Respiratory syncytial virus, four Coronaviruses (HKU1, NL63, 229E, OC43), Rhinovirus/Enterovirus, *Chlamydomphila pneumoniae*, and *Mycoplasma pneumoniae*. The use of molecular methodologies has allowed us to accurately identify numerous pathogens in submitted specimens and to rapidly summarize and distribute these results to the medical and general community every week throughout the year.

PEWSS surveillance sentinel sites submitted a low number of respiratory test specimens to the SNPHL for testing in April. Results indicated that in April, no viruses have been circulating at high levels. Influenza B and Human parainfluenza virus 3 have been circulating at moderate levels. Adenovirus, Human Metapneumovirus and RSV were sporadically identified.

Chlamydia pneumoniae, Coronaviruses (229E and OC43) and Rhinovirus have also been detected. We prepared and disseminated five weekly PEWSS reports in April, and they were distributed to the medical community, public health partners, and the general public via email, fax, and online posting at <http://www.southernnevadahealthdistrict.org/stats-reports/influenza.php>.

D. **Informatics:**

- We continued to make enhancements to TriSano for the Sexually Transmitted Disease (STD)/Human Immunodeficiency Virus (HIV) program and to work with Nevada Division of Public and Behavioral Health (NDPBH) on reporting data in the formats desired by NDPBH. We also continued to make performance improvements to TriSano overall.

- We worked on an application to obtain CDC funding for informatics-related activities as part of the Epidemiology and Laboratory Capacity (ELC) grant. SNHD has received ELC funding previously, but this application is for a new funding cycle.
 - We continued work on the messaging bus including updating the processing of HCA¹ laboratory data, routing out-of-jurisdiction messages to NDPBH, accepting ARUP Laboratories² laboratory-result messages from NDPBH, and automation of the data from the web-based Physician Input Form.
 - We continued to work with contractors on SNHD's electronic health record implementation. We distributed a data inventory survey to key SNHD staff members to identify further areas for data automation and begin the process of developing a data warehouse.
 - Also, in May, we will meet with the Clark County Coroner's office to determine how we could help extract pertinent data from their database(s) to include in a proposed new statewide violent-death registry. The registry will be developed if NDBPH is successful in its application to obtain grant funding for the project. SNHD Informatics is one of the proposed recipients of funds, which would enable us to assist with the effort should NDBPH be awarded the grant.
- E. Vital Records:** April 2014 showed a small decline of 1.11% in birth certificate sales in comparison to April 2013. There was a mild decrease in the proportion of online orders for birth certificate orders at 17% of total sales (compared with 18% in March) and in the proportion of online orders for death certificates at 61% of total sales (compared with 62% in March). The Valley View location processed 83% of April birth certificate orders and 39% of April death certificate orders. See attached Vital Records Statistics Report – April 2014.
- F. Other:**
- Kaci Hickox, RN, MSN, MPH, our Epidemic Intelligence Service (EIS) Fellow (CDC trainee), gave a presentation on SNHD's 2013 tuberculosis outbreak at the EIS conference in Atlanta on April 29.
 - Several OOE staff members participated in a preparedness exercise designed to familiarize us with the roles we might be called on to perform within the Department Operations Center (DOC), which would be the location where SNHD staff come together during an incident response to coordinate and manage actions and resources, should SNHD be involved in a major public health incident in the future.
- G. Communicable Disease Statistics:** See attached Clark County Disease Statistics report for April 2014.

¹ Hospital Corporation of America (includes Mountain View, Southern Hills, and Sunrise Hospitals and Medical Centers)

² A national reference laboratory and nonprofit enterprise of the University of Utah and its Department of Pathology

IV. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

A. Planning and Preparedness:

- SNHD OPHP, Nursing & Clinics, Facilities, and IT, along with Roseman University personnel, planned and participated in the United States Postal Service Bio-Detection and Surveillance (BDS) full-scale exercise on April 10, testing response to a biological agent. SNHD deployed personnel to assist federal and local response agencies to provide prophylaxis to exposed postal workers at a local mail processing facility. SNHD also deployed its mobile command vehicle and established Point of Dispensing (POD) operations according to SNHD BDS and Medical Countermeasure Dispensing plans. Through this exercise, SNHD was able to test a new online screening form and dispensing process to be used in PODs during a public health emergency.
- OPHP conducted a waterfall call-down drill on April 22 to test the health district's ability to receive notification and assemble during an emergency. The call-down participation response was 90%.
- OPHP Senior Planners and other Southern Nevada Healthcare Preparedness Coalition members planned and participated in the Tremor-14 Full-Scale Exercise, hosted by the U.S. Department of Energy/Nevada National Security Site (DOE/NNSS). This exercise was facilitated by the federal security contractor, Nevada Securities Technologies. Every three years, DOE/NNSS must conduct a full-scale exercise for federal facilities that have completed an emergency planning hazards assessment. This assessment includes facilities that manage hazardous materials (radiological, chemical, etc.) that, if released, would exceed exposure guidelines and require use of protective action criteria to mitigate the threat. Tremor-14 was successfully completed on April 23, 2014. The 6.0 earthquake scenario near Nevada National Security Site allowed federal, state, and local participants to test their emergency operation plans, communication plans, incident command center coordination, and medical surge and decontamination capabilities at healthcare facilities in the Southern Nevada region. Exercise participants included but were not limited to SNHD; Clark and Nye Counties; Cities of Las Vegas, North Las Vegas, and Henderson; State of Nevada Divisions of Public Safety and Public and Behavioral Health; and Southern Nevada Healthcare Preparedness Coalition members, including 12 of Southern Nevada's acute care hospitals.
- OPHP Planners continue to participate in monthly meetings of the Southern Nevada Healthcare Preparedness Coalition, Homeland Security UASI, Local Emergency Preparedness Committee, Southern Nevada Adult Mental Health Coalition, and individual hospital emergency management committees.

B. PHP Training And PH Workforce Development:

- **OPHP Education and Training:** On April 23, OPHP conducted training for Department Operations Center staff as part of the Tremor-14 Full-Scale Exercise.

C. Community Outreach: OPHP participated in a community outreach event on March 8 for Provident Living Health Fair.

- D. **OPHP Nurse Activities:** The OPHP Nurse provided Bloodborne Pathogens training to 52 employees and respirator fit tests to 44 employees.
- E. **Grants and Administration:** OPHP continues to perform activities for the FY14 grants from the CDC and HPP. Current expectations would be to spend all of the current year's grant funds. OPHP has submitted the budgets and scopes of work for the FY15 grant year and is expecting approval from the NDPBH, with execution in mid-July.
- F. **Medical Reserve Corps of Southern Nevada (MRC of SO NV):** During April, MRC of SO NV volunteers staffed first aid stations at five community events and supported Centennial Hills Hospital Medical Center and Southern Hills Hospital during the Tremor-14 full-scale earthquake exercise. MRC of SO NV also directly supported the Southern Nevada Health District by providing volunteers to administer influenza and Tdap vaccines during the district's National Infant Immunization Week event, to provide direction to clients in health cards and the immunization clinic, and assist the Office of Epidemiology with a project to update the Health Alert Network database.

V. SOUTHERN NEVADA PUBLIC HEALTH LABORATORY (SNPHL)

- A. **Clinical Testing:** SNPHL continues to support the SNHD Nursing Division with STD testing. SNHD STD department and SNPHL cooperatively participate in the CDC Gonococcal Isolate Surveillance Project (GISP). SNPHL performs *N. gonorrhoeae* culture and submits isolates to CDC, and Nursing provides the client information required by the project.

Monthly Clinical Testing Activity includes <i>N. gonorrhoeae</i> culture, GISP isolates, Syphilis, HIV, Gram stain testing	Mar 2014	Mar 2013	YTD 2014	YTD 2013
TOTAL CLINICAL TESTING ACTIVITY	3258	3149	9455	9402

Courier service – Clinical samples for laboratory testing are transported by SNPHL courier from SNHD Health Centers or Southern Nevada hospital or commercial laboratories.

Monthly Courier Activity # clinical tests transported from facilities by SNPHL courier	Mar 2014	Mar 2013	YTD 2014	YTD 2013
TOTAL TESTS TRANSPORTED	3020	2947	8863	8985

B. Epidemiological Testing and Consultation:

- SNPHL continues to support the disease investigation activities of the SNHD OOE and Nursing Division.
- SNPHL continues to participate in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce (FIT).
- SNPHL continues to report results of PEWSS testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS).

Monthly Epidemiology Activity includes Stool culture, EIA, Norovirus PCR, Respiratory pathogen PCR, Epidemiological investigations or consultations	Mar 2014	Mar 2013	YTD 2014	YTD 2013
TOTAL EPIDEMIOLOGY ACTIVITY	1501	1376	6263	4877

C. State Branch Public Health Laboratory Testing:

- SNPHL continues to perform reportable disease isolate testing and confirmation. Isolates submitted by local laboratories are serotyped or confirmed; stored on-site; and results reported and/or samples submitted to CDC through various national programs, including Public Health Laboratory Information System (PHLIS), National Antimicrobial Resistance Monitoring System (NARMS), and Influenza Surveillance.
- SNPHL continues to perform CDC Laboratory Response Network (LRN) testing for biological agents on clinical and unknown environmental samples
- SNPHL continues to perform Pulsed Field Gel Electrophoresis (PFGE) testing of *Salmonella*, *Shigella*, and Shiga toxin producing *E. coli* (STEC) isolates submitted by local clinical laboratories. SNPHL reports the PFGE data to the CDC PulseNet program and to the SNHD OOE.

Monthly State Branch Public Health Laboratory Activity includes	Mar 2014	Mar 2013	YTD 2014	YTD 2013
PFGE and LRN testing, proficiency samples, reporting to CDC, courier services, infectious substance shipments, teleconferences, trainings, presentations and inspections, samples submitted to CDC or other laboratories				
TOTAL STATE BRANCH LABORATORY ACTIVITY	752	761	2463	1930

D. All-Hazards Preparedness:

- SNPHL continues to participate with SNHD OPHP, local First Responders, and sentinel laboratories to ensure support for response to possible biological or chemical agents.
- SNPHL staff continues to receive training on LRN protocols for biological agent confirmation.
- SNPHL maintains sufficient technical laboratory staff competent to perform LRN testing 24 hours per day/7 days per week.
- SNPHL continues to coordinate with First Responders, including local Civil Support Team, HazMat, Federal Bureau of Investigation, and Las Vegas Metropolitan Police Department.
- SNPHL continues to provide information to local laboratorians on packaging and shipping infectious substances and chain of custody procedures.

Monthly All-Hazards Preparedness Activity includes	Mar 2014	Mar 2013	YTD 2014	YTD 2013
Preparedness training, BSL-3 maintenance and repair, teleconferences, and inspections				
TOTAL PREPAREDNESS ACTIVITIES	8	10	20	26

E. April 2013 SNPHL Activity Highlights:

- SNPHL staff provided sample collection and laboratory testing support to SNHD OOE and Environmental Health for multiple suspect pertussis and norovirus outbreak investigations.

- SNPHL staff assisted SNHD Nursing staff with planning for collection of TB testing samples from the Liberty High School TB investigation.
- The SNPHL Lab Manager participated in a planning meeting with SNHD Nursing regarding discontinuation of HIV Western Blot testing at commercial laboratories.
- The SNPHL Lab Manager and Safety Officer provided annual Select Agent security training to 15 SNPHL staff.
- SNPHL performed LRN testing of one clinical isolate submitted by a local hospital microbiology laboratory.
- The SNPHL Lab Manager provided information to a local hospital laboratory regarding LRN chemical and biological testing that would be performed in the event of a mass casualty event.
- SNPHL staff participated in a quarterly Select Agent inspection performed by Alternate Responsible Official from University of Nevada Reno Environmental Health and Safety.

CL/dm

ATT: Vital Records Statistics Report – April 2014

April 2014 Disease Statistics

Vital Records Statistics Report - April 2014

Table 1. Vital Records Office Monthly & Year-to-Date Productivity

	Compared with last year			
	Month		Fiscal Year-to-Date	
	<u>Apr 2014</u>	<u>Apr 2013</u>	<u>2013-2014</u>	<u>2012-2013</u>
Births Registered	2202	2463	22452	22385
Deaths Registered	1322	1358	12677	12702
Birth Certificates Sold	3955	3969	41664	38088
Death Certificates Sold	6426	7347	61721	63299

Table 2. Vital Records Office Monthly Sales & Income

Birth Certificates Sold During the Month						<u>price per document</u>
<u>Valley View</u>	<u>Mesquite</u>	<u>Online Orders</u>	<u>Billed</u>	<u>Total</u>	<u>Income</u>	
3280	21	654	0	3955	\$ 79,100	\$ 20 per birth certificate
83%	0.5%	17%	0.0%			
Death Certificates Sold During the Month						
<u>Valley View</u>	<u>Mesquite</u>	<u>Online Orders</u>	<u>Billed</u>	<u>Total</u>	<u>Income</u>	
2493	12	3921	0	6426	\$ 128,520	\$ 20 per death certificate
39%	0.19%	61%	0.0%			
Total Vital Records Income for the Month:					\$ 207,620	

Clark County Disease Statistics*, APRIL 2014

Disease	2012		2013		2014		Rate(Cases per 100,000 per month) (2009-2013 aggregated)	Apr (2014)	Monthly Rate Comparison current & past 5-year?~
	Apr No.	YTD No.	Apr No.	YTD No.	Apr No.	YTD No.			
VACCINE PREVENTABLE									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	.	6	.	6	0	.	0.07	0.00	+X
HEPATITIS A	.	.	.	.	0	.	0.08	0.00	+X
HEPATITIS B (ACUTE)	.	12	.	9	.	6	0.07	0.10	↑
INFLUENZA**	100	292	36	491	54	437	2.43	2.67	↑
MEASLES	0	0	0	0	0	0	0.00	0.00	
MUMPS	0	0	0	0	0	0	0.01	0.00	↓
PERTUSSIS	.	12	12	38	0	14	0.22	0.00	+X
POLIOMYELITIS	0	0	0	0	0	0	0.00	0.00	
RUBELLA	0	0	0	0	0	0	0.00	0.00	
TETANUS	0	0	0	0	0	0	0.00	0.00	
SEXUALLY TRANSMITTED									
AIDS	16	74	19	74	24	70	0.88	1.19	↑
CHLAMYDIA	612	2840	715	2930	506	2645	35.78	24.99	+X
GONORRHEA	111	518	150	685	140	639	7.11	6.91	↓
HIV	15	80	21	83	25	79	0.87	1.23	↑
SYPHILIS (EARLY LATENT)	12	58	22	88	10	82	0.87	0.49	↓
SYPHILIS (PRIMARY & SECONDARY)	6	26	13	42	18	77	0.52	0.89	↑
ENTERICS									
AMEBIASIS	.	.	.	.	0	0	0.06	0.00	+X
BOTULISM-INTestinal (INFANT)	0	0	0	0	0	0	0.00	0.00	
CAMPYLOBACTERIOSIS	5	23	7	22	.	30	0.44	0.20	↓
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	0	.	0	.	.	.	0.00	0.05	↑
GIARDIA	.	15	6	17	.	9	0.20	0.20	
ROTAVIRUS	.	.	19	57	11	18	0.68	0.54	↓
SALMONELLOSIS	14	38	217	246	.	20	2.91	0.20	+X
SHIGA-TOXIN PRODUCING E. COLI#	.	14	.	8	0	.	0.13	0.00	+X
SHIGELLOSIS	.	.	0	10	.	6	0.07	0.05	↓
TYPHOID FEVER	0	0	0	0	0	.	0.00	0.00	
VIBRIO (NON-CHOLERA)	0	0	.	.	0	.	0.01	0.00	↓
YERSINIOSIS	0	.	0	.	0	.	0.00	0.00	
OTHER									
ANTHRAX	0	0	0	0	0	0	0.00	0.00	
BOTULISM INTOXICATION	0	0	0	0	0	0	0.00	0.00	
BRUCELLOSIS	0	0	0	0	0	0	0.00	0.00	
COCCIDIOIDOMYCOSIS	11	44	9	24	7	25	0.35	0.35	
DENGUE FEVER	0	0	0	.	0	.	0.00	0.00	
ENCEPHALITIS	0	0	.	.	0	0	0.01	0.00	↓
HANTAVIRUS	0	0	0	0	0	0	0.00	0.00	
HEMOLYTIC UREMIC SYNDROME (HUS)	0	0	0	0	0	0	0.00	0.00	
HEPATITIS C (ACUTE)	0	.	.	.	0	0	0.01	0.00	↓
HEPATITIS D	0	0	0	0	0	0	0.00	0.00	
INVASIVE GROUP A STREP.##	0	0	0	0	0	0	0.02	0.00	↓
LEGIONELLOSIS	.	.	.	5	.	.	0.06	0.05	↓
LEPROSY (HANSEN'S DISEASE)	0	0	0	0	0	0	0.00	0.00	
LEPTOSPIROSIS	0	0	0	0	0	0	0.00	0.00	
LISTERIOSIS	0	.	0	.	.	.	0.01	0.05	↑
LYME DISEASE	0	.	0	0	0	0	0.00	0.00	
MALARIA	0	.	0	.	0	0	0.00	0.00	
MENINGITIS, ASEPTIC/VIRAL	.	5	.	7	6	15	0.11	0.30	↑
MENINGITIS, BACTERIAL	0	.	0	.	0	5	0.04	0.00	↓
MENINGOCOCCAL DISEASE	0	.	0	0	0	.	0.00	0.00	
PLAGUE	0	0	0	0	0	0	0.00	0.00	
PSITTACOSIS	0	0	0	0	0	0	0.00	0.00	
Q FEVER	0	0	0	0	0	0	0.00	0.00	
RABIES (HUMAN)	0	0	0	0	0	0	0.00	0.00	
RELAPSING FEVER	0	0	0	0	0	0	0.00	0.00	
ROCKY MOUNTAIN SPOTTED FEVER	0	0	0	0	0	0	0.00	0.00	
RSV (RESPIRATORY SYNCYTIAL VIRUS)	65	750	57	1134	57	550	3.67	2.82	↓
STREPTOCOCCUS PNEUMONIAE, IPD###	.	20	6	26	5	33	0.18	0.25	↑
TOXIC SHOCK SYN	0	0	0	0	0	0	0.01	0.00	↓
TOXIC SHOCK SYN (STREPTOCOCCAL)	0	.	.	.	.	5	0.02	0.05	↑
TUBERCULOSIS	.	25	13	31	7	19	0.55	0.35	↓
TULAREMIA	0	0	0	0	0	0	0.00	0.00	
UNUSUAL ILLNESS	0	0	0	0	0	0	0.00	0.00	
WEST NILE VIRUS (ENCEPHALITIS)	0	0	0	0	0	0	0.00	0.00	
WEST NILE VIRUS (FEVER)	0	0	0	0	0	0	0.00	0.00	

*Rate denominators were spline-interpolated population estimates/projections based on demographic data subject to ongoing revision by the state demographer (last revision as of Oct-2013). Use of onset date to count OOE-reported cases (since Jan-2013) causes changes in cases reported here from previously released reports. Numbers are provisional including confirmed, probable and suspect (since Feb-08) cases. HIV/AIDS case counts provided by Office of HIV/AIDS/STD; TB case counts provided by TB clinic. Data suppression denoted by '.' applies if number of cases <5. Monthly disease total reported by OOE=159 (reported total=889). Due to unavailability of current birth data, congenital syphilis rates were not calculated (reported monthly cases [suppression applied] for 2012-2014 were respectively 0,0,0; YTD totals 0,...).

**Reporting of novel type A influenza (reclassified as INFLU OUTBRK per CDC recommendations as of Jan-11) started in May-09.

#E. COLI O157:H7 instead of STEC was reported prior to 2006.

##Reported since Mar-07.

###S. pneumo invasive diseases (reported since Sep-05) previously reported under separate categories grouped together as of Jan-11 per CDC recommendations.

~Confidence intervals (not shown) for the monthly disease incidence rates provided a basis for an informal statistical test to determine if the current monthly rates changed significantly from those of the previous 5 years aggregated. Text in green where rates decreased and in red where rates increased. Statistically significant changes indicated by 'X' (rate comparisons made if 5+ cases reported in the current month of this year or previous 5 years aggregated).